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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J84703

(4)

GEORGE R. FROST, P.A.

FILED Apr 30 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 340 ROYAL POINCIANA PLAZA P. O. BOX 2675 PALM BEACH FL 33480 PALM BEACH FL 33480-2675 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/24/1987</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 NOT APPLICABLE Not Applicable Suite. Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Ζıρ Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name METTLER. THOMAS M. 340 ROYAL POINCIANA PLAZA 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 PALM BEACH FL 33480 City Zip Code 2 and 607-1508, Florida Statules, the above-named corporation submits this statement for the surpose of shanging its registered of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment of registered allows of Section 607 0500 provides Statutes. 11. Pursuant to the 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11 TITLE Change ☐ Addition NAME FROST, GEORGE R. 1.2 NAME 915 MACY ST STREET ADDRESS 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City-St-7/P DELETE 3.1 TITLE ☐ Change ☐ Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP **DELETE** Change Addition TITLE 6.1 THILE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental angular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the comparation or the process or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in granged, or or an authority supplies.